

Medical Record

STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

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OTSG APPROVED (Date)
(YYYYMMDD)

250	500	1000				250	500	1000			
					Unoccluded						Unoccluded
				-	Occluded					-	Occluded
			=		Occlusion Effect (OE)				=		Occlusion Effect (OE)

← BC Occlusion Effect Calculations →

Tympanometry		
	RIGHT	LEFT
Volume		
Compliance		
Pressure (daPa)		
Type		

	Make/Model	S/N	Calibration Date
Audiometer			
Immittance			

(Continue on reverse)

DATE (YYYYMMDD)

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION
OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT